TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

FILED JUL 14 1998

MISSOURI DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 - 41-043301

REGISTRATION DISTRICT NO. 119 REGISTRAR'S NUMBER DELAYED

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY ELIZABETH WILLIAMS HAYS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 10, 1941
4. SOCIAL SECURITY NO.:
5a. AGE - Last Birthday (Years): 95
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): December 21,1845
7. BIRTHPLACE (City and State or Foreign Country): Effingham, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No ☐ Unk.
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Route #1
9c. CITY, TOWN, OR LOCATION OF DEATH: Southwest City
9d. COUNTY OF DEATH: McDonald
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify): Widowed
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. RESIDENCE - STATE: Missouri
13b. COUNTY: McDonald
13c. CITY, TOWN, OR LOCATION: Southwest City
13d. ZIP CODE: 64863
13e. STREET AND NUMBER: Route #1 (6 miles north of town)
13f. INSIDE CITY LIMITS: 1 ☐ Yes 2 ☒ No
13g. YEARS AT PRESENT ADDRESS: 1 ☐ Under 5 2 ☐ 5-9 3 ☐ 10-19 4 ☒ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): 0 ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): / College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Simmons Williams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Zouri nmn Gillenwaters

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Sally Witty
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Southwest City, Missouri 64863

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): Burial
20b. DATE OF DISPOSITION (Month, Day, Year): October 12, 1941
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Williams Family Cemetery
20d. LOCATION - City or Town, State: Southwest City, MO
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ▶
22a. NAME AND ADDRESS OF FACILITY: Nichols BrothersF.H.Southwest City, MO
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER:

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ➡ a.	Acute Cardiac Failure	
DUE TO (OR AS A CONSEQUENCE OF): b.	Senility and Chronic Myocarditis	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Carcinoma of Left side of face

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? 1 ☐ Yes 2 ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No
26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year):
27b. TIME OF INJURY: M
27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent.) 1 ☐ Yes 2 ☐ No ☐ Unk.
27d. INJURY AT WORK? 1 ☐ Yes 2 ☐ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED:
27f. PLACE OF INJURY - At home, farm street, factory, office building, etc. (specify):
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State):

CERTIFIER

28a. (Specify) ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶
28c. DATE SIGNED (Month, Day, Year):
28d. TIME OF DEATH: M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Dr. R. E. Warmack, M.D. Southwest City, Missouri
29b. MO. LICENSE NUMBER:
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☐ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
32. REGISTRAR'S SIGNATURE ▶ [signature]
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): July 14, 1998

notarized statement of a Home obituary & Anderson, Mo. and picture of tombstone

Filed on the basis from the Ozark Fun a copy of the Died Oct. 10, 1941

DO NOT WRITE ON THIS STUB

7-cy	12a	23u	27g-co
9a	13e	23-sc1	29g-cy
9b	13b	27-sc2	29a
9c	14	27e-f	29b
12b	15	27g-st	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

NAME OF DECEDENT _____ P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

INSTRUCTIONS FOR SELECTED ITEMS

Item 9a - Place of Death

If the death was pronounced in a hospital, check the box indicating the decedent's status at the institution (inpatient, emergency room/outpatient, or dead on arrival (DOA). If death was pronounced elsewhere, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If other is checked, specify where death was legally pronounced, such as a physician's office, the place where the accident occurred, or at work.

Item 13a-g - Residence of Decedent

Residence of the decedent is the place where he or she actually resided. This is not necessarily the same as "home state," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as the place of residence. If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in items 13a through 13g. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Do **not** use an acute care hospital's location as the place of residence for any infant.

Item 23 - Cause of Death

The cause of death means the disease, abnormality, injury or poisoning that caused the death, **not** the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. In **Part I** the **immediate** cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The **underlying** cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the chain of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify. In **Part II**, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

EXAMPLE OF PHYSICIAN CERTIFICATION:

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ➡ a. Rupture of myocardium — Mins

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b. Acute myocardial infarction — 6 days

DUE TO (OR AS A CONSEQUENCE OF):

c. Chronic ischemic heart disease — 5 years

DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Diabetes, Chronic obstructive pulmonary disease, smoking

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

25 b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

26. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year)

27b. TIME OF INJURY

M.

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ YES ☐ NO ☐ UNK.

27d. INJURY AT WORK? ☐ YES ☐ NO ☐ UNK.

27e. DESCRIBE HOW INJURY OCCURRED

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

EXAMPLE OF MEDICAL EXAMINER OR CORONER

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ➡ a. Cerebral laceration — 10 mins.

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b. Open skull fracture — 10 mins.

DUE TO (OR AS A CONSEQUENCE OF):

c. Automobile accident — 10 mins.

DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☒ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

25 b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

26. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year) 11/15/85

27b. TIME OF INJURY 1 p.M.

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☒ Yes ☐ No ☐ Unk.

27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.

27e. DESCRIBE HOW INJURY OCCURRED 2-car collision-driver

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Street

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State) Route 4, Jefferson City, Missouri